

Firelands Regional Medical Center School of Nursing
Nursing Care Map

Student Name: Marilyn

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Noticing/Recognizing Cues:

Highlight all related/relevant data from the Noticing boxes that support the top priority problem

Assessment findings*:

- Ambulates with walker- 1-2 assist
- Pain 6/10
- Confused- alert and oriented x3 but forgetful at times
- Nasal cannula
- High fall risk
- Mobility score: 3
- BP 145/80
- Redness in groin area
- Foley catheter
- NPO
- SCD

Lab findings/diagnostic tests*:

- CT shows closed right hip fracture
- Total protein 6.3 (L)
- Glucose 107 (H)
- Na 135 (L)
- RBC 3.5 (L)

Risk factors*:

- Anemia hx
- Hx of falls
- 89 y/0
- BMI 30.2 kg
- Mild Alzheimer dementia

Interpreting/Analyzing Cues/
Prioritizing Hypotheses/
Generating Solutions:

Nursing priorities*:

Highlight the top nursing priority problem

- Impaired mobility
- Impaired walking
- Acute pain
- Risk for impaired skin integrity
- Risk for ineffective breathing pattern
- Risk for impaired circulation
- Acute pain

Goal: patient will have improved mobility.

Potential complications for the top priority:

- Impaired skin integrity
 - o Pressure injury, Redness, Pain
- Blood clot formation
 - o Swelling in affected leg, warmth, pain/tenderness
- Constipation
 - o Hypoactive bowel sounds, decreased fiber intake, dehydration
- Falls
 - o Fractures, bruises, abrasions
- Respiratory failure
 - o Chest wall retractions, decreased SPO2, mental status change or decreased LOC, bradypnea,

Responding/Taking Actions:

Nursing interventions for the top priority:

7. **Assess vital signs q4h and PRN**
 - To obtain baseline and watch for changes that may indicate patient decline.
8. **Assess pain q4h and PRN**
 - To ensure pt is comfortable and medicated properly.
9. **Assess circulation q4h and PRN**
 - Check capillary refill, color, warmth, and sensation to ensure proper blood flow
10. **Assess mental status change Daily**
 - To evaluate the extent of impairment in orientation, ability to follow directions, send and receive communication, and appropriateness of response.
11. **Assess skin integrity q4H and PRN**
 - To prevent worsening or development of problems with skin integrity/breakdown.
12. **Reassess mobility score Daily**
 - Identifies improvement and provides a new score and goal to reach.
13. **Encourage the use of analgesics before position changes PRN**
 - Effective pain management allows pts to participate more fully w/ prescribed therapy.
14. **Administer morphine sulfate 2mg, IV push, q3h, PRN**
 - Control pain
15. **Turn and reposition q2h**
 - Reduce stress on joints and muscles
16. **Encourage active ROM with all unaffected extremities daily**
 - Decreased mobility results in loss of muscle tone in all muscle groups. Active ROM promotes muscle tone.
17. **Consult with PT/OT Daily**
 - For individualized mobility program

1. **Implement fall precautions AAT**
 - To reduce risk of accidental injury
2. **Apply theraworx twice a day as ordered**
 - Barrier to help with skin irritation and redness
3. **Provide adequate nutrition at mealtimes**
 - Promotes energy and healing
4. **Demonstrate safe use of and help client become familiar with assistive devices PRN**
 - to maintain joint alignment/stability and balance during movement
5. **Educate on the importance of removing environmental hazards (throw rugs, electrical cords, clutter) PRN**
 - The pt needs to understand how to maintain a safe home environment to promote progressive ambulation and prevent falls.

(Doenges et al., 2022)

maintain joint alignment/stability and balance during movement

Reflecting/Evaluate Outcomes:

Evaluation of the top priority:

- BP 117/79
- Patient denies pain
- Pt moved to chair
- foley catheter still in place
- nasal cannula still in place at 2L
- mobility score: 3
- SCDs removed
- Pt alert and oriented x3, still forgetful.
- Pt advanced to regular diet
- Pt still high fall risk, with appropriate precautions in place

Continue plan of care

Reference:

Doenges, M. E., Moorhouse, M. F., & Murr, A. C. (2022). *Nurse's pocket guide: Diagnosis, prioritized interventions, and rationals* (16th ed). F. A. Davis Company: Skyscape Medpresso, Inc.

Gulanick, M., & Myers, J. L. (2017). *Nursing care plans: diagnoses, interventions, & outcomes* (9th ed). Elsevier Health Sciences (US).